CONFERENCE COMMITTEE REPORT DIGEST FOR ESB 164

Citations Affected: IC 12-7-2-134; IC 12-15-13-0.4; IC 12-17.6-3-2.

Synopsis: Human services matters. Conference committee report for ESB 164. Specifies that the office of Medicaid policy and planning (office), a managed care organization that has contracted with the office under the state's Medicaid program, and a person that has contracted with the managed care organization must meet certain requirements concerning payment and denial of claims. Specifies that eligibility for the children's health insurance program is limited to a child whose family annual income is not more than 300% of the federal income poverty level or the maximum percentage approved by the federal government if the approved percentage is less than 300%. Requires the health finance commission to study during the 2008 interim the feasibility and costs of allowing individuals who meet certain requirements to participate in the Indiana check-up plan without state funding for the coverage. (The introduced version of this bill was prepared by the select joint commission on Medicaid oversight.) (This conference committee report: (1) removes language that required the office to reimburse federally qualified health centers and rural health clinics using a prospective payment methodology if federal financial participation is available for the methodology; and (2) removes language that allowed certain individuals to participate in the Indiana check-up plan without state funding, and requires the health finance commission to study this issue during the 2008 interim.)

Effective: July 1, 2008.

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CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed House Amendments to Engrossed Senate Bill No. 164 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

1	Delete the title and insert the following:
2	A BILL FOR AN ACT to amend the Indiana Code concerning
3	human services.
4	Delete everything after the enacting clause and insert the following:
5	SECTION 1. IC 12-7-2-134 IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 134. "Office" means
7	the following:
8	(1) Except as provided in subdivisions (2) and (3), through (4),
9	the office of Medicaid policy and planning established by
10	IC 12-8-6-1.
11	(2) For purposes of IC 12-10-13, the meaning set forth in
12	IC 12-10-13-4.
13	(3) For purposes of IC 12-15-13, the meaning set forth in
14	IC 12-15-13-0.4.
15	(3) (4) For purposes of IC 12-17.6, the meaning set forth in
16	IC 12-17.6-1-4.
17	SECTION 2. IC 12-15-13-0.4 IS ADDED TO THE INDIANA
18	CODE AS A NEW SECTION TO READ AS FOLLOWS
19	[EFFECTIVE JULY 1, 2008]: Sec. 0.4. As used in this chapter,
20	"office" includes the following:
21	(1) The office of Medicaid policy and planning.
22	(2) A managed care organization that has contracted with the

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1 office of Medicaid policy and planning under this article. 2 (3) A person that has contracted with a managed care 3 organization described in subdivision (2). 4 SECTION 3. IC 12-17.6-3-2, AS AMENDED BY P.L.218-2007, 5 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 6 JULY 1, 2008]: Sec. 2. (a) To be eligible to enroll in the program, a 7 child must meet the following requirements: 8 (1) The child is less than nineteen (19) years of age. 9 (2) The child is a member of a family with an annual income of: 10 (A) more than one hundred fifty percent (150%); and 11 (B) not more than: 12 (i) three hundred percent (300%); or 13 (ii) the maximum percentage approved by the federal 14 Centers for Medicare and Medicaid Services if the 15 approved amount is less than three hundred percent (300%); 16 17 of the federal income poverty level. 18 (3) The child is a resident of Indiana. 19 (4) The child meets all eligibility requirements under Title XXI 20 of the federal Social Security Act. 21 (5) The child's family agrees to pay any cost sharing amounts 22 required by the office. 23 (b) The office may adjust eligibility requirements based on available 24 program resources under rules adopted under IC 4-22-2. 25 SECTION 4. [EFFECTIVE JULY 1, 2008] (a) As used in this 26 SECTION, "commission" refers to the health finance commission 27 established by IC 2-5-23-3. 28 (b) As used in this SECTION, "plan" refers to the Indiana 29 check-up plan established by IC 12-15-44.2. 30 (c) As used in this SECTION, "qualified individual" refers to an individual who meets all of the Indiana check-up plan 31 32 requirements under IC 12-15-44.2-9 except for the household income limitation set forth in IC 12-15-44.2-9(a)(3). 33 (d) During the 2008 interim, the commission shall study the 34 35 feasibility and costs of allowing qualified individuals to participate in the plan if the state does not provide funding for coverage of the 36 37 qualified individual. 38 (e) This SECTION expires December 31, 2008.

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(Reference is to ESB 164 as reprinted February 13, 2008.)

Conference Committee Report on Engrossed Senate Bill 164

igned	by:

Senate Conferees	House Conferees
Senator Sipes	Representative Brown T
Chairperson	
Senator Miller	Representative Brown C

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